

Application Date:	
Referral Information:	
Name: Phone Number:	
Email Address:	
Applicant:	
Name (Last, First, Middle): DOB: SSN#	
Alias(es):	
Phone Number: Email:	
Gender: Age: Are you a US Citizen? YES / NO Primary Language:	
Height: Weight: Hair Color: Eye Color: Race:	
Identifying Characteristics:	
	dowed
Current living arrangement: (circle one) Own / Rent / Hotel/Motel / Transitional Housing /	
With Friends/Relatives/Significant Other (not your own home) / Other:	
DN Information:	
DN Case Number(s):	
Allegation(s):	
Drug(s): Child(ren)'s Removal Date:	
CPS Worker(s): County Attorney:	
Probation and Parole:	
Are you on Probation / Parole? YES / NO	
Where are you reporting? Who is your officer?	
Do you have a history of probation violations? YES / NO If yes, what?	
Case Information:	
Eligible program change: Related Case Number:	
Offense(s) related to participation:	
How many law enforcement contacts have you had? Are you currently incarcerated? YES	/ NO
Have you ever been arrested? YES / NO If yes, list number of charges: Misdemeanors Felonies _	
Have you ever been convicted of a crime? YES / NO If yes, list number of charges: Misdem Felonies _	
Are you wanted or have active warrants in any other jurisdiction? YES / NO If yes, for what charges and where?	
Are you released on bond? YES / NO / Own Recognizance Bond Amount: \$	
Have you ever been charged or convicted of a violent or sexual offense? YES / NO If yes, what?	

### **Medical:**

Have you been prescribed any medication in the last 12 months? YES / NO  List your current medications and their purpose:  How many psychiatric medications are you taking? Prescriber Name:  Previous medical history:  Have you been tested for HIV? YES / NO		Do	you have current Medical Insurance coverage? YES / NO					
Do you have any medical conditions? YES / NO If yes, what?  Do you have a medication intervention for substance abuse? YES / NO If yes, what?  Have you been prescribed any medication in the last 12 months? YES / NO  List your current medications and their purpose:  How many psychiatric medications are you taking? Prescriber Name:  Previous medical history:  Have you been tested for HIV? YES / NO If yes, list test date:  Did you receive your results? YES / NO Were you provided any HIV Education? YES / NO  Identification:  Diver's License Status: (circle one) Current / Suspended / Revoked / No Driver's License  If you circled anything other than "No Driver's License," above, list DL Number:  Do you have a current State ID? YES / NO If yes, list State ID Number:  Military History:  Are you currently serving in the United States Armed Forces or Military? YES / NO  Education:  Did you receive a high school diploma or GED? YES / NO If yes, from where?  Graduation date:  (month and year)  Are you currently a student? YES / NO If yes, where?  Do you have a learning disability? YES / NO If yes, explain?  Do you have any other educational difficulties? YES / NO If yes, explain?  Income:  Primary source of income:  Gross monthly income:  Employment:  Are you currently employed? YES NO  1) Employer:  Address:  Start Date:  Supervisor's Name and Title:  Is this job currently being held for you for any reason? YES / NO If so, why?  2) Employer:  Start Date:  Supervisor's Name and Title:  Supervisor's Name and Title:  Phone Number:  Start Date:  Supervisor's Name and Title:  Phone Number:		Med	lical Insurance Name: ID Number:					
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List your current medications and their purpose:  How many psychiatric medications are you taking? Prescriber Name:  Previous medical history:  Have you been tested for HIV? YES / NO If yes, fist test date:  Did you receive your results? YES / NO Were you provided any HIV Education? YES / NO  Identification:  Driver's License Status: (circle one) Current / Suspended / Revoked / No Driver's License  If you circled anything other than "No Driver's License," above, list DL Number:  Do you have a current State ID? YES / NO If yes, list State ID Number:  Military History:  Are you currently serving in the United States Armed Forces or Military? YES / NO  Education:  Did you receive a high school diploma or GED? YES / NO If yes, from where?  Graduation date: (month and year)  Are you currently a student? YES / NO If yes, where?  Do you have a learning disability? YES / NO If yes, explain?  Do you have any other educational difficulties? YES / NO If yes, explain?  Income:  Primary source of income: Gross monthly income:  Employment:  Are you currently employed? YES NO  1) Employer: Address:  Start Date:  Supervisor's Name and Title: Phone Number:  Employer: Address:  Start Date:  Supervisor's Name and Title: Phone Number:		Do	you have any medical conditions? YES / NO If yes, what?					
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Have you been tested for HIV? YES / NO								
Did you receive your results? YES / NO		——						
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Supervisor's Name and Title: Phone Number:		,						
			Is this job currently being held for you for any reason? YES / NO If so, why?					

### **Family Treatment Court Application**

### First Judicial District Family Treatment Court – Lewis and Clark County

**Skills:** What kind of vocational skills do you have, if any? **Financial Information: ASSETS:** LIABILITES: **MONTHLY INCOME:** Cash on Hand Public Utility Debt Personal Property Checking Acct. Balance \$\_\_\_\_\_ Savings Acct. Balance Mortgage(s) **MONTHLY EXPENSES:** Value of Owned Vehicles \$ Other Loans Rent Life Insurance \$\_\_\_\_ Other Debt Utilities \$ Real Estate Court Payments \$ Other TOTAL \$ TOTAL ASSETS \$ TOTAL LIABILITES \$ Are you currently receiving any Public Assistance? YES / NO If yes, when did you start receiving it? Indicate the following benefits you are currently receiving: \_\_\_\_ WIC Child Support SNAP None TANF SSI/SSD Medicaid VA Assistance Voc. Rehab \_\_\_\_\_ Housing Assist. \_\_\_\_ LIEAP Unemployment Other Assistance: **Substance Use/Abuse History:** Are you currently receiving substance abuse treatment? YES / NO If yes, where? Have you ever received substance abuse treatment? YES / NO If yes, when? Primary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_ When did you last use? \_\_\_\_ Amount: Frequency of Use: Age of first use: \_\_\_\_\_ When did you last use? Secondary Drug of Choice: Amount: \_\_\_\_\_ Frequency of Use: Age of first use: When did you last use? Tertiary Drug of Choice: Amount: \_\_\_\_\_ Frequency of Use: Quaternary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_ When did you last use? \_\_\_\_ Amount: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_ Have you ever used drugs intravenously? YES / NO What is your perspective of your drug problem? No Problem / Mild / Moderate / Severe What are your main triggers to continue using drugs?

### **Contact:**

Child 1 Child's Name Who has custody of this child? Date of Birth Where does this child live? DN Case Number: Presiding Judge:  Child 2 Child's Name Date of Birth Mother Father Who has custody of this child? DN Case Number: Presiding Judge:  Child 3 Child's Name Date of Birth Mother Father Who has custody of this child? Presiding Judge:  Child 3 Child's Name Date of Birth Mother Father Who has custody of this child? DN Case Number: Presiding Judge:  Child 4 Child's Name Date of Birth Mother Father Where does this child live? DN Case Number: Presiding Judge:  Child 4 Child's Name Date of Birth Mother Presiding Judge:  Child 4 Child's Name Date of Birth Mother Presiding Judge:  Child 4 Presiding Judge:  DN Case Number: Presiding Judge:					
Are either of your parents alive? YES / NO  Name Relationship to you Where they live  Name Relationship to you Where they live  Name Relationship to you Where they live  Do you have any siblings? YES / NO  If yes, list their name(s) and where they live  With what family member(s) are you most in contact with?  Can they be contacted? List address and/or phone:  Would any of your family members be willing to participate with your treatment? YES / NO  Child/Dependent Information:  Child 1  Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Presiding Judge:  Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child's Name Date of Birth Mother Father  Where does this child live?  DN Case Number: Presiding Judge:		Company/Business (if applicable)	le):		
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Child/Dependent Information:  Child 1					
Child/Dependent Information:  Child 1		Would any of your family mem	hers he willing to partici	nate with your treatment? VFS /	NO
Child 1 Child's Name Who has custody of this child? DN Case Number: Presiding Judge:  Child 2 Child's Name Who has custody of this child? DN Case Number: Presiding Judge:  Child's Name Who has custody of this child? DN Case Number: Presiding Judge:  Child 3 Child's Name Who has custody of this child? DN Case Number: Presiding Judge:  Child's Name Who has custody of this child? DN Case Number: Presiding Judge:  Child 4 Child's Name Date of Birth Mother Presiding Judge:  Child 4 Child's Name Who has custody of this child? Presiding Judge:  Child 4 Child's Name Who has custody of this child? Presiding Judge:  Child 4 Child's Name Who has custody of this child? Presiding Judge:  Child 4 Child's Name Who has custody of this child? Presiding Judge:  Child 4 Child's Name Presiding Judge:  Child 5 Child's Name Presiding Judge:  Child 6 Child's Name Presiding Judge:  Child 6 Child's Name Presiding Judge:  Child 6 Child's Name Presiding Judge:  Child's Name		would any or your family mem	sers se withing to partier	pute with your treatment. 125 /	110
Child's Name Who has custody of this child?  DN Case Number:  Child 2  Child's Name Who has custody of this child?  Date of Birth Mother  Father  Where does this child live?  DN Case Number:  Date of Birth Mother  Father  Who has custody of this child?  DN Case Number:  Date of Birth Mother  Father  Where does this child live?  DN Case Number:  Date of Birth Mother  Father  Who has custody of this child?  DN Case Number:  DN Case Number:  DN Case Number:  DN Case Number:  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Father  Where does this child live?  DN Case Number:  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:	Child/D	Dependent Information:			
Child's Name Who has custody of this child?  DN Case Number:  Child 2  Child's Name Who has custody of this child?  Date of Birth Mother  Father  Where does this child live?  DN Case Number:  Date of Birth Mother  Father  Who has custody of this child?  DN Case Number:  Date of Birth Mother  Father  Where does this child live?  DN Case Number:  Date of Birth Mother  Father  Who has custody of this child?  DN Case Number:  DN Case Number:  DN Case Number:  DN Case Number:  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Father  Where does this child live?  DN Case Number:  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:  Child 4  Child's Name Date of Birth Mother  Presiding Judge:	Child 1				
DN Case Number: Presiding Judge:  Child 2  Child's Name  Date of Birth Mother  Where does this child live?  DN Case Number: Presiding Judge:  Child 3  Child's Name  Date of Birth Mother  Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  DN Case Number: Presiding Judge:  Child 4  Child's Name  Date of Birth Mother  Presiding Judge:  Child 4  Child's Name  Date of Birth Mother  Presiding Judge:  Child 4  Child's Name  Date of Birth Mother  Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child 4  Child's Name  Date of Birth Mother  Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:					
Child 2 Child's Name Who has custody of this child? DN Case Number: DN Case Number: Date of Birth Mother Father  Where does this child live? DN Case Number: Date of Birth Mother Father  Who has custody of this child? Where does this child live? DN Case Number: Presiding Judge:  Child 4 Child's Name Date of Birth Mother Father  Who has custody of this child? Presiding Judge:  Child 4 Child's Name Date of Birth Mother Father  Who has custody of this child? Presiding Judge:  Child 4 Child's Name Presiding Judge:		Who has custody of this child?		Where does this child live?	
Child's Name  Who has custody of this child?  DN Case Number:  Presiding Judge:  Child 3  Child's Name  Date of Birth  Mother  Presiding Judge:  Child 3  Child's Name  Date of Birth  Mother  Father  Who has custody of this child?  DN Case Number:  Presiding Judge:  DN Case Number:  Presiding Judge:  Child 4  Child's Name  Date of Birth  Mother  Father  Where does this child live?  DN Case Number:  Presiding Judge:  Where does this child live?  Presiding Judge:  Child 4  Child's Name  Date of Birth  Mother  Father  Who has custody of this child?  Where does this child live?  DN Case Number:  Presiding Judge:  Reason(s) for Application:		DN Case Number:	Presiding Ju	dge:	
Who has custody of this child? Presiding Judge:  DN Case Number: Presiding Judge:  Child 3 Child's Name	Child 2		_		
DN Case Number: Presiding Judge:  Child 3  Child's Name		Child's Name	Date of Birth	Mother	Father
Child 3 Child's Name Date of Birth Mother Who has custody of this child? DN Case Number: Presiding Judge: Child 4 Child's Name Date of Birth Mother Father Who has custody of this child? Where does this child live? DN Case Number: Presiding Judge: DN Case Number: Presiding Judge: DN Case Number: Presiding Judge:					
Child's Name  Date of Birth  Mother  Father  Who has custody of this child?  DN Case Number:  Presiding Judge:  Child 4  Child's Name  Date of Birth  Mother  Father  Presiding Judge:  Where does this child live?  Father  Who has custody of this child?  Where does this child live?  Presiding Judge:  Presiding Judge:  Presiding Judge:  Presiding Judge:		DN Case Number:	Presiding Ju	dge:	
Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Child 4	Child 3		_		
DN Case Number: Presiding Judge:  Child 4					
Child 4 Child's Name Date of Birth Mother Who has custody of this child? DN Case Number: Presiding Judge: Reason(s) for Application:					
Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge: Presidi		DN Case Number:	Presiding Ju	dge:	
Child's Name Date of Birth Mother Father  Who has custody of this child? Where does this child live?  DN Case Number: Presiding Judge:  Reason(s) for Application:	Child 4		_		
DN Case Number: Presiding Judge:  Reason(s) for Application:		Child's Name	Date of Birth		
Reason(s) for Application:					
		DN Case Number:	Presiding Ju	dge:	
	Reason	(s) for Application:			

For FID	FTC Coordinator Only		
	The coordinator Only		
erview Checklist:			
Did Applicant cooperate during the interview?		YES / NO	
Does Applicant have an open DN Case in the First	Judicial District?	YES / NO	
Are/Is Applicant's child(ren) adjudicated Youth(s)	in need of care?	YES / NO	
Does Applicant have a court-ordered treatment pla	nn?	YES / NO	
Is Applicant charged with an alcohol and/or other	drug offense?	YES / NO	
Has Applicant ever been charged with a violent/se	xual offense?	YES / NO	
Does Applicant have a prior violent/sexual convic	tion?	YES / NO	
Does Applicant accept responsibility for his/her in	volvement with CPS?	YES / NO	
Does Applicant appear to have a substance abuse	problem?	YES / NO	
Does Applicant have any medical conditions that	may prohibit their acceptance?	YES / NO	
Is applicant currently taking any non-compliant m		YES / NO	
erview Notes:			

Family Treatment Court Coordinator First Judicial District Court

Updated: March 23, 2021